

Encounter Data Request

Field at Header Level	Comment	Format	Example
ICN	Claim Reference Number	Character	123456
Recipient ID	Unique identification number for a recipient	Character	55555555
Medicaid ID	Medicaid ID of the recipient if it is different from the Recipient ID	Character	500009999999
Recipient Age		Numeric	45
Billing Provider NPI		Character	7654321891
Performing Provider NPI		Character	6543219876
Referring Provider NPI		Character	7412589635
From Date of Service		mm/dd/yyyy	01/31/2012
Admission Date		mm/dd/yyyy	01/31/2012
Discharge Date		mm/dd/yyyy	02/02/2012
To Date of Service		mm/dd/yyyy	02/02/2012
Paid Date		mm/dd/yyyy	03/24/2012
Claim Type		Character	I
Fund Code		Character	Physician
Place of Service Code		Character	IP
Claim Status	Paid, denied, etc.	Character	xyz
Emergency Code		Character	xyz
Allowed Amount		Numeric	100
Billed Amount		Numeric	65
Copay Amount		Numeric	5

Encounter Amount		Numeric	65
Other Insurance Amount		Numeric	35
Paid Amount		Numeric	50
Hdr Diagnosis 1 - Code		Character	V91.99
Hdr Diagnosis 2 - Code		Character	580.0
Hdr Diagnosis 3 - Code		Character	800.45
Hdr Diagnosis 4 - Code		Character	999.9
Hdr Diagnosis 5 - Code		Character	845.45
Hdr Diagnosis 6 - Code		Character	046.1
Hdr Diagnosis 7 - Code		Character	E001.1
Hdr Diagnosis 8 - Code		Character	390
Hdr Diagnosis 9 - Code		Character	285.5
Hdr Diagnosis 10 - Code		Character	189.7
Hdr Diagnosis 11 - Code		Character	E999.1
Hdr Diagnosis 12 - Code		Character	139.8

Field at Detail Level	Comment	Format	Example
ICN		Character	123456
Detail Number		Character	3
Current Recipient ID		Character	55555555
Detail Status		Character	xyz
Paid Amount		Numeric	50
Billed Quantity		Numeric	10
Primary Diagnosis Code		Character	90545
Secondary Diagnosis Code		Character	E8002
Diagnosis Code 3		Character	82125
Diagnosis Code 4		Character	00100
Procedure Code		Character	90545
First Modifier Code		Character	26
Second Modifier Code		Character	54

Third Modifier Code		Character	TC
Fourth Modifier Code		Character	62